

RI Division of Fish & Wildlife  
**TARGET RANGE PERMIT APPLICATION**

**OFFICE USE ONLY:** Permit # \_\_\_\_\_ Date \_\_\_\_\_ Issued by: \_\_\_\_\_

**PLEASE PRINT - ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED**

Indicate if you are a: \_\_\_\_\_ **NEW APPLICANT**    *OR*    \_\_\_\_\_ **RENEWAL** (permit issued 2003 or later)

Last Name	First Name	MI	Phone Number
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Mailing Address	City	State	Zip
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Date of Birth	Ht.	Wt.	Hair Color	Eye Color	Vehicle Registration (State and Plate)
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**All Applicants 18 years of age and older must present or attach a copy of one of the following. Indicate Certification.**

- \_\_\_\_\_ A. State issued Hunter Education Card
  - \_\_\_\_\_ B. Valid, state issued, firearms hunting license
  - \_\_\_\_\_ C. DEM Pistol/Revolver Certification Card (Blue Card)
  - \_\_\_\_\_ D. Valid, RI Department of Attorney General Pistol Permit
  - \_\_\_\_\_ E. Active Duty Military ID
  - \_\_\_\_\_ F. Equivalent Certification as determined by the RI Division of Fish and Wildlife.
- \_\_\_\_\_ Please indicate certification: \_\_\_\_\_
- \_\_\_\_\_ G. Range permit renewal. (Attach copy of old range permit if issued after 1/1/03)

***I certify that I:*** am permitted by law to possess and use firearms; will abide by all target range regulations; and that I, at all times, assume full liability for any injuries which may be suffered by me or caused to others by me while at or near the target range facility. In addition, I shall save the state and its agents harmless from any and all claims or damage suits arising from any actions occurring at or near the target range facility either by way of my omission or commission

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notarization Required Only if Applying by Mail**

Subscribed and sworn to before me in \_\_\_\_\_, County of \_\_\_\_\_,

State of Rhode Island on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary

Date

Commission Expires

**MAIL TO: R.I. Division of Fish and Wildlife – Range Permit, 4808 Tower Hill Rd., Wakefield, RI 02879**